



JNOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Presticides & Asbestos Programs

OFFICE USE ONI V

Date Rec'd:

Date Rec'd:

Operator Project No:18-254		cation No:		Amoun	· I
Type of Notification: Original R-1 Revision (I	Highlight Changes)		Cancellatio	n
Type of Operation: Demolition Orde	ered Demolition	V	Renovation		Emergency Renovation
Facility Owner:					
Name: Marshall University Address: 400 Hal Greer Blvd.					-
City: Huntington	State:	WV	Zip: 25	755	•
Contact: Danny Hollland			Phone:		 6-2821
Facility Description:	-				
Name: Jenkins Hall					
Address: 1701 College Avenue		City: Hu	untington		
			Within Facility:	1st Flo	or
County: Cabell Building Size (Sq. Ft.): 50,000		Number	of Floors: 4		Age: 81
Present Use: Classroom/Ofices		Prior use	: Cla	assroom	s
Asbestos Contractor:					
Name: Astar Abatement, Inc.			Asbestos Co	ntractor I	_ic. #: AC002373
Address: PO Box 13533			-		
City: Sissonville	State: W	v	Zip: 25	360	•
Contact: Roger Pritt			Phone:		3-5950 x 113
Other Contractor:					
Namo			· W	/V Contra	actor Lic. #:
Address:			•		
City:	State:		Zip:		•
Contact:			Phone:		
Building Inspection:					
Inspection Date:					
Asbestos Inspection By: Presumed b	v owner		WV License	#:	
Lab:		-	Analysis By:		
Procedure Used to Detect Presence of Asbes	tos:				
Is Asbestos Present at 1% or Greater:	YES N	10			
Project Designer: Donald N	lorris		WV License	#: <u> </u>	AD004041
Air Monitor: Triad Envrionm	ental		WV License	#: :	See Attached
Schedule:					
Asbestos Removal: Start: 7/30/2	2018 Co	mpletion:	8/3/2018		
Demo/Renovation: Start:	Co	mpletion:			
Abatement Work Hours: 5:00pm-3:00a	am We	ork Days:	M T W TH	F SA	SU
Demo Work Hours:		ork Days:	M TU W TH	F SA	SU

7/19/2018

Date:

Date & Hour of Sudden Unexpected Event: Attach a description of the sudden unexpected event	N/A t and how this results in an unsafe condition, would cause equipment
damage or an unreasonable financial burden.	tand new time results in an anisans containen, would eaded equipment
Demolition Ordered by Government Agency:	
Agency: N/A	, ·
Name:	Title:
Date of Order:	Date Order to Begin:
(Copy of order must be attached.)	
Types of ACM:	
Asbestos Containing Material To Be Removed:	Cat. I & II Non-friable ACM NOT To Be Removed:
Type(s): Floor Tile/Mastic	Type(s):
Pipes (Ln. Ft.): % Asbestos:	Pipes (Ln. Ft.): % Asbestos:
Area (Sq. Ft.): 1,184 % Asbestos: >1%	Area (Sq. Ft.): % Asbestos:
Other (Cu. Ft.): % Asbestos:	Other (Cu. Ft.): % Asbestos:
Description of Planned Demolition or Renovation Work a	and Method(s) to be used:
OSHA Class II procedures including critical barriers,	barricade tape and wet methods.
Description of Procedures to be used to Comply with NES	
Wet removal techniques, double bag ACM in pre-labe	
Dispose of ACM at an EPA approved asbestos landfil	
	t unexpected asbestos is found or previously nonfriable ACM become
crumbled, pulverized or reduced to powder:	
Stop all activities, Notify the Owner, and establish pro	oper removal methods.
Waste Transporter:	
Name: Dependable Roll-off	
Address: PO Box 1343	
City: Ashland Sta	ate: KY Zip: 41105
Contact: Linda Strickland	Phone: 800 649 0982
Waste Disposal Site:	
Name: Green Valley Environmental	ID #: 045-00012
Address: 100 Addington Road	10 #. 045-00012
City: Ashland Sta	ate: KY Zip: 41102
Contact: Patty	
	Phone: 606-928-0239
Certification:	
	FR61, Subpart M will be on site during the demolition or renovation
•	lished by the person will be available for inspection during normal
business hours. I further certify that the information conta	ained in the notification is correct.
\mathcal{A}	MAT / 22
Signature of Owner/Operator:	7/11/16/16 (CW) Date: 7/19/2018



Date: 7/19/2018



NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION 2018

OFFICE USB O War & Asbestos Programs

Date Rec'd:

Check Green Branch (31.052)

Paid BV: Region in (31.052)

Operator Pr	oject No:	18-250			cation No:		Amou	int: \$	j" (3(C62)	
Type of Notif	ication: ☑ Original	Ø	R-1 Rev ision (Highl	ight Changes)		Cancellat	ion		
Type of Oper	ation: Demoli	tion	☐ Ordered	Demolition	Ø	Renovation		Emerger	ncy Renovation	
	er: Wetzel Count 333 Foundry		Education							
	Martinsville			State:	WV	Zip:	26155			
Contact:	Jamie Doty					Phone	: 304-4	55-2441 >	c130	
	ription: Paden City H 201 North Fo)		City: Pa	iden City				
County: 1						Within Facility				
	ze <u>(</u> Sq. Ft.):		0		Number		2	Age:	50+_	
Present Us		School			Prior use	:	School			
Address: F	Astar Abatem PO Box 1353					Asbestos		r Lic. #: —	AC002602	
City: Siss				State: W	<u>v</u>		25360	40.505	444	
	Roger Pritt					Phone	304-3	43-5950 x	(113	_
Other Contra Name: Address:	ctor:					-	WV Con	tractor Lic	:. #:	
City:				State:		Zip:				
Contact:						Phone				_
Lab: Procedure	Date: nspection By: Used to Dete	ct Presence				WV Licens Analysis B				
	s Present at 1				10	\4\\ / 1 in a no	4.	AD004		
Project Des Air Monitor			Donald Mori			WV Licens		See Atta		
Schedule:		THAU E				AA A LICETS	υπ.	Jee Alle		_
Asbestos F Demo/Ren		Start: Start:	8/6/2018 M - 5:30 PM	Co	ompletion:	8/10/2018 M TU W		A SU		
		/:An	n - 5.30 PM		ork Days:					
Demo Wor	K Hours:			W	ork Days:	M TU W	IH F SA	1 50		

Emergency Renovation:	
Date & Hour of Sudden Unexpected Event: N	
Attach a description of the sudden, unexpected event and	how this results in an unsafe condition, would cause equipment
damage or an unreasonable financial burden.	
Demolition Ordered by Government Agency:	
Agency: N/A	
Name:	Title:
Date of Order:	Date Order to Begin:
(Copy of order <u>must</u> be attached.)	Date Gradi to Degin.
Types of ACM:	
Asbestos Containing Material To Be Removed:	Cat. I & II Non-friable ACM NOT To Be Removed:
Type(s): Floor Tile & Mastic	Type(s):
Pipes (Ln. Ft.): % Asbestos:	Pipes (Ln. Ft.): % Asbestos:
Area (Sq. Ft.): 1,700 % Asbestos: >1%	Area (Sq. Ft.): % Asbestos:
Other (Cu. Ft.): % Asbestos:	Other (Cu. Ft.): % Asbestos:
Other (Cu. Ft.). 76 Asbestos.	Other (Cd. 1 t.). 76 Aspestos.
Description of Planned Demolition or Renovation Work and	Mothod(s) to be used:
Description of Planned Demonstration of Renovation Work and it	viethod(s) to be used.
OSHA Class II procedures including critical barriers, barr	riendo tano and wat mathada
OSHA Class ii procedures including chical barriers, bar	nicade tape and wet methods.
Description of Procedures to be used to Comply with NECHA	ID (40CEDG4 Cubnort M):
Description of Procedures to be used to Comply with NESHA	·
Wet removal techniques, double bag ACM in pre-labeled	aspestos pags with generator label attached
Dispose of ACM at an EPA approved asbestos landfill	
Description of procedures to be followed in the event that une	expected ashestes is found or proviously perfriable ACM becomes
crumbled, pulverized or reduced to powder:	expected asbestos is found or previously nonfriable ACM becomes
Stop all activities, Notify the Owner, and establish prope	r ramoval mathods
Stop an activities, Notify the Owner, and establish prope	Tellioval methods.
Waste Transporter:	
Name: Dependable Roll-off	
Address: PO Box 1343	
City: Ashland State:	KY Zip: <u>41105</u>
Contact: Linda Strickland	Phone: 800 649 0982
Waste Disposal Site:	
Name: Green Valley Environmental	ID #: 045-00012
Address: 100 Addington Road	
City: Ashland State:	KY Zip: 41102
Contact: Patty	Phone: 606-928-0239
	1 Hone. 000-320-0203
Certification:	
	1, Subpart M will be on site during the demolition or renovation
	ed by the person will be available for inspection during normal
business hours. I further certify that the information contained	d in the notification is correct.
-A	Diff,
Signature of Owner/Operator:	Pril (CW) Date: 7/19/2018
	r Pritt/ President



NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION OFFICE USE ONLY

Date: 7/19/2018			te Rec'd: stmark Date:	OFFICE OC	Check No: Paid By:	
Operator Project No:	18-252		tification No:		Amannt: \$	
					19 8	
Type of Notification: Original	R-1 Revi	 sion (Highlight Chang	ges)			E ,
Type of Operation: Demolition		Ordered Demolition		Renovation	Per Emergen Proficios & Aspestos Profice Prof	ncy Renovation/s
Facility Owner:					Morce Asbea	
Name: Katie Gardner B	radley				CPA Rep Brans Pr	o [[]
Address: 852 Spring Road	d				8/01/1/ch (3	Cons
City: Charleston		State:	WV	Zip: 25 5	314	02)
Contact: Katie Gardner B	radley			Phone:		
Facility Description:						
Name: Residential Stru						
Address: 852 Spring Road	db		City: Ch			
County: Kanawha				Within Facility:	basement	
Building Size (Sq. Ft.):				of Floors: 2		60
Present Use: Res	idence		Prior use:	Re	esidence	
Asbestos Contractor:						
Name: Astar Abatemen	t, Inc.			Asbestos Co	ntractor Lic. #:	AC002602
Address: PO Box 13533						
City: Sissonville		State:	wv	Zip: 25 3		
Contact: Roger Pritt				Phone:	304-343-5950 x	113
Other Contractor:						
			-	, W	V Contractor Lic.	. #:
Address:						
City:		State:		Zip:		
Contact:				Phone:		
Building Inspection:					÷.	
Inspection Date:						
Asbestos Inspection By:	Presum	ed by owner		WV License #	#:	
Lab:		-14		Analysis By:		
Procedure Used to Detect F Is Asbestos Present at 1%		sbestos: VES	NO			
Project Designer:		ald Morris	NO	WV License #	#: AD004	041
Air Monitor:	Triad Envir			WV License #		
	THAN EIIVII			TT T LIGHTSE F		
Schedule:	04	3/40/0040	Oamalatias	0/45/0049		
Asbestos Removal:			Completion:	8/15/2018	-	
Demo/Renovation:	Start:		Completion:	(M TUNY TU		
Abatement Work Hours: _	7:AM - 5		Work Days:	M TU W H	F SA SU	
Demo Work Hours:		,	Work Days:	M TU W TH	F SA SU	

Emergency Renovation:	NI/A				
Date & Hour of Sudden Unexpected Event:	N/A	on uncof	o condition	a would a	nausa aguinment
Attach a description of the sudden, unexpected event damage or an unreasonable financial burden.	and now this results if	i ali ulisale	e condition	i, would t	Lause equipment
				······································	
Demolition Ordered by Government Agency:					
Agency: N/A	Title:				
Name: Date of Order:		der to Beg	in:		
(Copy of order must be attached.)	Date Of	der to beg	···· —		
Types of ACM:					
Asbestos Containing Material To Be Removed:	Cat. I & II Non-	friable ACI	M NOT To	Re Rem	ioveq.
Type(s): Floor Tile	Type(s):	iiiabio / toi		, De Rom	
Pipes (Ln. Ft.): % Asbestos:	Pipes (Ln. Ft.):			% Asb	estos:
Area (Sq. Ft.): 600 % Asbestos: >1%	Area (Sq. Ft.):		_	% Asb	
Other (Cu. Ft.): % Asbestos:	Other (Cu. Ft.):		_	% Asb	
Total (our tap	1 10 11.51 (3 11.7 11)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Description of Planned Demolition or Renovation Work a	nd Method(s) to be use	ed:			
	` ,				
OSHA Class II procedures including critical barriers,	barricade tape and w	et method	is.		
Description of Procedures to be used to Comply with NES					
Wet removal techniques, double bag ACM in pre-labe		ith genera	tor label	attached	1
Dispose of ACM at an EPA approved asbestos landfil	<u> </u>				
Description of procedures to be followed in the event that	unaypacted ashestes	is found o	r previous	ly nonfria	hie ACM become
crumbled, pulverized or reduced to powder:	unexpected aspestos	is lourid o	previous	iy nomna	DIC ACIVI DCCOINC
Stop all activities, Notify the Owner, and establish pro	oper removal method	s.			
otop an activities, notify the owner, and cotabilist pre	oper removal method				
144-4-7		····			
Waste Transporter:					
Name: Dependable Roll-off Address: PO Box 1343					
City: Ashland Sta	ite: KY	Zip: 41	105		
Contact: Linda Strickland		Phone:	800 649	0982	
		T HOHO.	000 040	7 0001	
Waste Disposal Site:		ID 4.		45 0004	•
Name: Green Valley Environmental		ID #:		<u> </u>	2
Address: 100 Addington Road	40. 101	7: 44	400		
City: Ashland Sta	ite: KY		102		
Contact: Patty		Phone:	606-928	5-0239	
Certification:					
I certify that an individual trained in the provisions of 40CF			-		
and evidence that the required training has been accomp				spection (during normal
business hours. I further certify that the information conta	ained in the notification	is correct.			
	1 ^				
Day 1	D. H. 1	/			
Signature of Owner/Operator:	1-W11/-5/	/ (CW)		Date: _	7/19/2018
1771 (D) (7	((
Name and Title (Print or Type):	oger Pritt/ President				



NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION OFFICE USE ONLY

Date: 7/19/2018		1	te Rec'd:	011102 00	Check No:	
Operator Project No.	18-213	1	stmark Date:		Paid By:	
Operator Project No:	10-213	INO	ification No:		Amount: \$	
Type of Notification: Original	R-3 ▼ Revi si	ion (Highlight Chang	es)	□ c	ancellato) E	→
Type of Operation: Demolition	n 🗆	Ordered Demolition		Renovation	☐ Emetagency Ren	ovation V
Facility Owner:					and Enloced & Asbestos Proceeding 1 (5) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	200
Name: Venture III Hold	ings, LLC				- Asben	
Address: PO Box 1513			1487		- FA Replace Pro	ro. <i>U</i>
City: Charleston		State:	WV	Zip: <u>253</u>	25 500///	(8)no
Contact: Bill Ellis			· · · · · · · · · · · · · · · · · · ·	Phone:	304-550-1000	
Facility Description:						
Name: Vacant Block B Address: 6334-6400 Mac		SW	City: St.	Albane		
County: Kanawha	JOINIE AVEILUE	., 311	,		Roof	
Building Size (Sq. Ft.):	500+		Number	•	Age: 15-	
Present Use: Va	acant		Prior use:	Co	mercial	_
Asbestos Contractor:						
Name: Astar Abatemer	nt, Inc.			Asbestos Con	tractor Lic. #: A	C002602
Address: PO Box 13533				•		
City: Sissonville		State:	WV	Zip: <u>253</u>		
Contact: Roger Pritt				Phone:	304-343-5950 x 113	
Other Contractor:						
Name: Bob's Dumptrue	ck Service			. W	V Contractor Lic. #: <u>W</u>	/V014339
Address: 16 River Lane City: Elkview		State:	wv	Zip: 250	71	
Contact: Bob Hizer		State.	VVV		304-965-0841	
				r none.	304-303-0041	
Building Inspection: Inspection Date:	5/25/2018					
Asbestos Inspection By:		b Hizer		WV License #	: Al009348	
Lab:	Unknow			Analysis By:	Unknow	'n
Procedure Used to Detect			LM			
Is Asbestos Present at 1%		☑ YES □	NO	MAN / 1	15004044	
Project Designer:		ld Morris		WV License #		
Air Monitor:	N/A	\		WV License #	:	
Schedule:						
Asbestos Removal:			Completion:	CANCEL		
Demo/Renovation:			Completion:	CANCEL	S E CA CII	
Abatement Work Hours:	7:AM - 5:		Work Days:	M TOW TH	- 1	
Demo Work Hours:	7AM-5:30P	M	Work Days:	MITUWTH	F SA SU	

Emergency Renovation:					
	N/A	_			
Attach a description of the sudden, unexpected event a	nd how this results in	n an unsaf	e condition	on, would	cause equipment
damage or an unreasonable financial burden.					
Demolition Ordered by Government Agency:					
Agency: N/A					
Name:	Title:				
Date of Order:		der to Beg	in:		
(Copy of order <u>must</u> be attached.)	54.0 0.1	uo. 10 Dog			
Types of ACM:					
Asbestos Containing Material To Be Removed:	Cat. I & II Non-	friable AC	M NOT 1	o Be Ren	noved.
Type(s): Roofing	Type(s):	1110010710		0 20 1 (0)	
Pipes (Ln. Ft.): % Asbestos:	Pipes (Ln. Ft.):			% Ash	estos:
Area (Sq. Ft.): 500 % Asbestos: >1%	Area (Sq. Ft.):				pestos:
	Other (Cu. Ft.)				estos:
Other (Cu. Ft.): % Asbestos:	Other (Cu. Ft.)	·		70 ASL	esios.
Describe (Describe West)	1 Mathad/a) to ha wa	- d.			· · · · · · · · · · · · · · · · · · ·
Description of Planned Demolition or Renovation Work and	i Method(s) to be use	ea:			
	amilanda tana and u		.		
OSHA Class II procedures including critical barriers, b	arricade tape and w	vet metno	us.		
					
F	1157722552 A				
Description of Procedures to be used to Comply with NESI					
Wet removal techniques, double bag ACM in pre-labele	ed asbestos bags w	ith gener	ator labe	l attache	<u>d</u>
Dispose of ACM at an EPA approved asbestos landfill					
Description of procedures to be followed in the event that u	inexpected asbestos	is found o	r previou	sly nonfri	able ACM become
crumbled, pulverized or reduced to powder:					
Stop all activities, Notify the Owner, and establish prop	per removal method	is.			
Waste Transporter:					
Name: Dependable Roll-off					
Address: PO Box 1343					
City: Ashland State	e: KY	Zip: 4	1105	-	
Contact: Linda Strickland	z. <u>KI</u>	Phone:		9 0982	
		riione.	800 0-	9 0902	
Waste Disposal Site:					
Name: Green Valley Environmental		ID #:		045-0001	12
Address: 100 Addington Road				_	
City: Ashland State	e: KY	Zip: 4	1102		
Contact: Patty		Phone:	606-92	28-0239	
Certification:					
I certify that an individual trained in the provisions of 40CFF	R61 Subpart M will b	e on site d	luring the	demolitic	on or repovation
and evidence that the required training has been accomplis			-		
				ispection	during normal
business hours. I further certify that the information contain	ied in the notineation	i is correct	•		
A	6),,				
Arm A	24/1/1/1/1/	(0)		5	#14010015
Signature of Owner/Operator:	124/ 2/1/	(CW)		_Date:	7/19/2018
Name and Title (Print or Type): Rog	er Pritt/ President				

JUL NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date:	7/19/2018 ides & Asi restricted and Enforcement and Enforcement EPA R	Branch (3LC62)
•	and Enforcement	egion III
Ope	rator Project No:	18-247

OFFICE USE ONLY
Date Rec'd: Check No:

Postmark Date: Notification No:

Paid By: Amount: \$

Type of Notification: ☐ Original ☐ R-2 Revision (Highlight	Changes)	☐ Car	ncellation	
Type of Operation: Demolition Ordered Dem	nolition 🗸	Renovation		Emergency Renovation
Facility Owner:				
Name: Pierson	•			
Address: 118 Bowles Hollow Road				
	tate: WV	Zip: 2531		
Contact: Debbie Robinson-KCP		Phone: 3	04-357-	0570
Facility Description:				
Name: Vacant Structure				
Address: behind 118 Bowles Hollow Road		narleston		
County: Kanawha		_		bath/hallway
Building Size (Sq. Ft.): 1000+		of Floors: 1		\ge: unkn.
Present Use: Vacant	Prior use	: unl	nown	
Asbestos Contractor:				
Name: Astar Abatement, Inc.		_ Asbestos Contr	actor Lic	c. #: AC002602
Address: PO Box 13533				
	tate: WV	Zip: 2536		
Contact: Roger Pritt		Phone: 3	04-343-	5950 x 113
Other Contractor:				
Name:		_ wv	Contrac	ctor Lic. #:
Address:				
City: St	tate:	Zip:		
Contact:		Phone:		
Building Inspection:				
Inspection Date: 5/30/2018				
Asbestos Inspection By: Rick Carter	·	WV License #:		AI009680
Lab: Pinnacle Environmental		_ Analysis By:		Miranda Reedy
Procedure Used to Detect Presence of Asbestos:	PLM			
Is Asbestos Present at 1% or Greater: Project Designer: Donald Morris	□ NO	WV License #:		AD004041
				AD004041
Air Monitor: N/A		WV License #:		
Schedule:				
Asbestos Removal: Start: ON	_ Completion:	HOLD		
Demo/Renovation: Start:	_ Completion:			
Abatement Work Hours: 7:AM - 5:30 PM	_ Work Days:	M TOW TH	F SA S	SU
Demo Work Hours:	Work Days:	M TUW TH	SAS	SU

Emergency Renovation:	N/A			
Date & Hour of Sudden Unexpected Event:	N/A	ulta in an unaafa	condition would	Logues oquinment
Attach a description of the sudden, unexpected even	it and now this res	uits in an unsare	e condition, would	cause equipment
damage or an unreasonable financial burden.				
Demolition Ordered by Government Agency:				
Agency: N/A				
Name:	Titl			
Date of Order:	Da	te Order to Begi	n:	
(Copy of order must be attached.)				
Types of ACM:				
Asbestos Containing Material To Be Removed:	Cat. I & II	Non-friable ACN	M NOT To Be Re	moved:
Type(s): linoleum	Type(s):			
Pipes (Ln. Ft.): % Asbestos:	Pipes (Ln			bestos:
Area (Sq. Ft.): 240 % Asbestos: 2-15%	_		_	bestos:
Other (Cu. Ft.): % Asbestos:	Other (Cu	ı. Ft.):	% As	bestos:
Description of Planned Demolition or Renovation Work a	and Method(s) to b	oe used:		
OSHA Class II procedures including critical barriers,	, barricade tape a	ind wet method	ls.	
Description of Procedures to be used to Comply with NE				_
Wet removal techniques, double bag ACM in pre-lab		igs with genera	tor label attach	ed
Dispose of ACM at an EPA approved asbestos landf	ill			
Description of procedures to be followed in the event that	at unexpected asb	estos is found or	r previously nonfr	lable ACM become
crumbled, pulverized or reduced to powder:		41 1		
Stop all activities, Notify the Owner, and establish p	roper removal me	ethods.		
Waste Transporter:				
Name: Dependable Roll-off				
Address: PO Box 1343				
City: Ashland St	ate: KY	Zip: 41	105	
Contact: Linda Strickland		Phone:	800 649 0982	
Waste Disposal Site:				
Name: Green Valley Environmental		ID #:	045-000	112
Address: 100 Addington Road		,		
	ate: KY	Zip: 41	102	
Contact: Patty		Phone:	606-928-0239	
		T HORE.	000-020-0200	
Certification:				
I certify that an individual trained in the provisions of 400			_	
and evidence that the required training has been accomp			•	n during normai
business hours. I further certify that the information cont	tained in the notific	cation is correct.		
•		•		
h	111.			
1)	D HH.	1 /	_	
Signature of Owner/Operator:	PNHL	/G/ (CW)	Date:	7/19/2018
	Pull G		Date:	7/19/2018





NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION OFFICE USE ONEM Enforcement Branch (3LC62)

Check No: EPA Region |||

Date Rec'd:

Date: 7/19/2018

Pos	stmark Date: Paid By:
Operator Project No: 18-215 Not	tification No: Amount: \$
Type of Notification: ☐ Original ☐ R-5 Revision (Highlight Chang	res)
Conginal E Revision (riighlight chang	ancelladori
Type of Operation: Demolition Ordered Demolition	Renovation
Facility Owner:	
Name: Logan County Board of Education	
Address: 506 Holly Avenue	
City: Logan State:	WV Zip: 25601
Contact: Rhonda Justice	Phone: 304-792-2044
Facility Description:	
Name: Logan High School	
Address: One Wildcat Way	City: Logan
County: Logan	Location Within Facility: 2 Classrooms
Building Size (Sq. Ft.): 8000+	Number of Floors: 2+ Age: 30+
Present Use: School	Prior use: School
Asbestos Contractor:	
Name: Astar Abatement, Inc.	Asbestos Contractor Lic. #: AC002602
Address: PO Box 13533	
City: Sissonville State:	WV Zip: 25360
Contact: Roger Pritt	Phone: 304-343-5950 x 113
Other Contractor:	
Name:	WV Contractor Lic. #:
Address:	
City: State:	Zip:
Contact:	Phone:
Building Inspection:	
Inspection Date: Presumed	
Asbestos Inspection By:	WV License #:
Lab:	Analysis By:
Procedure Used to Detect Presence of Asbestos:	
Is Asbestos Present at 1% or Greater: ☑ YES □	NO
Is Asbestos Present at 1% or Greater:	NO WV License #: AD004041
Is Asbestos Present at 1% or Greater:	NO
Is Asbestos Present at 1% or Greater: YES Project Designer: Donald Morris Air Monitor: Triad Environmental Schedule:	WV License #: AD004041 WV License #: See Attached
Is Asbestos Present at 1% or Greater: YES Project Designer: Donald Morris Air Monitor: Triad Environmental Schedule: Asbestos Removal: Start: 6/25/2018	WV License #: AD004041 WV License #: See Attached Completion: 7/23/2018
Is Asbestos Present at 1% or Greater:	WV License #: AD004041 WV License #: See Attached Completion: 7/23/2018 Completion:
Is Asbestos Present at 1% or Greater:	WV License #: AD004041 WV License #: See Attached Completion: 7/23/2018

Emergency Renovation: Date & Hour of Sudden Unexpected Event: Attach a description of the sudden, unexpected damage or an unreasonable financial burden.	N/A event and h	ow this result	s in an unsafe	e condition, would cause equipment	
Demolition Ordered by Government Agency:					
Agency:	N/A				
Name:		Title:			
Date of Order:		Date	Order to Begi	n:	
(Copy of order must be attached.)					
Types of ACM:					
Asbestos Containing Material To Be Removed:		Cat. I & II No	on-friable ACN	M NOT To Be Removed:	
Type(s): Asbestos Ceiling Plaster/Tile		Type(s):			
Pipes (Ln. Ft.): % Asbestos:		Pipes (Ln. F	t.):	% Asbestos:	
Area (Sq. Ft.): 1,895 % Asbestos:	>1%	Area (Sq. Ft	.):	% Asbestos:	
Other (Cu. Ft.): % Asbestos:		Other (Cu. F	-t.):	% Asbestos:	
Description of Planned Demolition or Renovation V OSHA Class II procedures including critical bar				ls.	
Description of Procedures to be used to Comply w Wet removal techniques, double bag ACM in per Dispose of ACM at an EPA approved asbestos	e-labeled as			ator label attached	
Description of procedures to be followed in the ever crumbled, pulverized or reduced to powder: Stop all activities, Notify the Owner, and estable				r previously nonfriable ACM become	 es
Waste Transporter: Name: Dependable Roll-off Address: PO Box 1343 City: Ashland	State:	KY		105 800 649 0982	
Contact: Linda Strickland			Phone:	800 649 0982	_
Waste Disposal Site: Name: Green Valley Environmental Address: 100 Addington Road			ID #:	045-00012	
City: Ashland	State:	KY	Zip: 41	102	
Contact: Patty			Phone:	606-928-0239	
Certification: I certify that an individual trained in the provisions of and evidence that the required training has been a business hours. I further certify that the information	ccomplished n contained i	by the person	Il be on site don will be availation is correct.	uring the demolition or renovation able for inspection during normal	
Signature of Owner/Operator:	9111 4	W/11/Ju	<i>U」」</i> (CW)	Date: 7/19/2018	

Roger Pritt/ President

Name and Title (Print or Type):





NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

OFFICE USE GAME & Asbestos Programs and Enforcement Branch (\$1,062)

Date Rec'd: Check May Region III

Date: 7/19/2018		-	Date Rec'd		Check Paid By	Region III
Operator Project No:	18-216		Notification		Amoun	
Type of Notification: ☐ Original	V	R-3 Revision (Highlight (Changes)] Cancellation	1
Type of Operation: Demolition	1.	Ordered Demo	olition	✓ Renovation		Emergency Renovation
Facility Owner:						
Name: West Liberty Ur						_
Address: Route 88 North						
City: West Liberty		Sta	ate: WV		26074	
Contact: Joe Mills			•	Phone	e: 304-33	6-8267
Facility Description:						
Name: West Liberty Ur		Campus- Main H		Mr-4 I th 4-		
Address: 101 Faculty Driv County: Ohio	<u>/e </u>	· · · · · · · · · · · · · · · · · · ·		Wst Liberty Ition Within Facility	v: Main H	allway- Basement
Building Size (Sq. Ft.):	25,000				unkn.	Age: unkn.
Present Use:	20,000			use:		7.1ger <u>4.111.111</u>
Asbestos Contractor:			7 1101			
Name: Astar Abatemer	at Inc			Ashestos	Contractor I	_ic. #: AC002602
Address: PO Box 13533	it, iiic.				Contractor	ACCOZOCZ
City: Sissonville		Sta	ate: WV	Zip:	25360	•
Contact: Roger Pritt				Phone	e: 304-34	3-5950 x 113
Other Contractor:	ndres					
Nome					WV Contr	actor Lic. #:
Address:						
City:			ate:	Zip:		<u> </u>
Contact:				Phone	e:	
Building Inspection:						
Inspection Date: Presume	d					
Asbestos Inspection By:		-		WV Licer	nse #:	
Lab:				Analysis	Ву:	
Procedure Used to Detect				_		
Is Asbestos Present at 1% Project Designer:		er:	□ NO	WV Licer	nse #·	AD004041
Air Monitor:		Environmental		- WV Licer		See Attached
	IIIau			WW LICEI	π.	OU Attached
Schedule:	041	ON	0	tion: LIOLD		
Asbestos Removal:	Start:		Comple			
Demo/Renovation:	Start:		Comple		TD = 64	SU
Abatement Work Hours:	/:A	M - 5:30 PM	Work D			
Demo Work Hours:			Work D	ays: MITUW	TH F SA	SU

Emergency Renovation: Date & Hour of Sudden Unexpected Event:	N/A			
Attach a description of the sudden, unexpected event		an unsafe (condition would	cause equinment
damage or an unreasonable financial burden.	and now this results in	an unsale (condition, would	cause equipment
Demolition Ordered by Government Agency:				
Agency: N/A			14-7	
Name:	Title:			
Date of Order:	Date Orde	er to Begin:		
(Copy of order <u>must</u> be attached.)				
Types of ACM:				
Asbestos Containing Material To Be Removed:	Cat. I & II Non-fr	riable ACM	NOT To Be Rem	noved:
Type(s): Transite	Type(s):			
Pipes (Ln. Ft.): % Asbestos:	Pipes (Ln. Ft.):			estos:
Area (Sq. Ft.): 608 % Asbestos: >1%	Area (Sq. Ft.):		% Asb	estos:
Other (Cu. Ft.): % Asbestos:	Other (Cu. Ft.):		% Asb	estos:
		-		
Description of Planned Demolition or Renovation Work ar	d Method(s) to be used	d:		
OSHA Class II procedures including critical barriers, t	arricade tape and we	t methods		
Description of Procedures to be used to Comply with NES	HAP (40CFR61 Subpa	art M):		
Wet removal techniques, double bag ACM in pre-labe	ed asbestos bags wit	h generato	or label attached	d
Dispose of ACM at an EPA approved asbestos landfill				

			1 - 1	
Description of procedures to be followed in the event that	unexpected asbestos is	s found or p	reviously nonfria	able ACM become
crumbled, pulverized or reduced to powder:	•	·	•	
Stop all activities, Notify the Owner, and establish pro	per removal methods	3.		
W 4 7				
Waste Transporter:				
Name: Dependable Roll-off				
Address: PO Box 1343		A44		
City: Ashland Sta		Zip: 4110		
Contact: Linda Strickland		Phone:	800 649 0982	
Waste Disposal Site:				
Name: Green Valley Environmental		ID #:	045-0001	2
Address: 100 Addington Road				
City: Ashland Sta	e: KY	Zip: 4110	02	
Contact: Patty			606-928-0239	
	77879			
Certification:	D61 Subport Mavill bo	on site duri	ing the demolitie	n or ronguetion
I certify that an individual trained in the provisions of 40CF	•		•	
and evidence that the required training has been accompli			e for inspection	during normai
business hours. I further certify that the information conta	ned in the notification is	s correct.		
•	2 .11/			
Al Cara	11-11/ pn. 1			
Signature of Owner/Operator:	rull Cally	(CW)	Date:	7/19/2018
			_	
Name and Title (Print or Type): Ro	ger Pritt/ President			



NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION OFFICE USE ONLY

Date: 7/19/2018		ı	Date Red			Check					
Oncertos Deciset No.	40 040	1	Postmark			Paid B	-				
Operator Project No:	18-243		Notification	on No:		Amour	π, φ				
Type of Notification: Original	Ø	R-2 Revision (Highlight Cr	nanges)			Calculation	E C	E	I V	E	F
Type of Operation: Demolition	1	☐ Ordered Demol	ition		Renovation	<u> []</u>		en ∂ y∕Re		, [
Facility Owner:						P _E	sticides & LEnforceme EPA	Asbestos	Dean		
Name: Mingo County S	Schools					5//	- EPA	ent Brand Region III	th (3LC6)	is 2)	
Address: Rt.2 Box 310							_	veRiou [[-/	
City: Williamson		Sta	te: V	W	Zip: <u>2</u>						
Contact: William Hensley	У				Phone:	304-23	5-7150				
Facility Description:											
Name: Gilbert Middle S	School										
Address: 1 Lion Drive				ty: Gill	bert Vithin Facility:	254 5					
County: Mingo Building Size (Sq. Ft.):	21.00	<u> </u>			•	2nd Fl 2	Age:	50-	<u> </u>		
	chool			ior use:		School	Agc.		_		
	CIIOOI			or use.		3011001					_
Asbestos Contractor:					A = h = = 4 = = . C	· 4 4	ı:_ 44.		~~~~	.00	
Name: Astar Abatemer Address: PO Box 13533	nt, Inc.			-	Asbestos C	ontractor	LIC. #:	A	C0026	002	
City: Sissonville		Sta	te: WV		Zip: 2	5360	-				
Contact: Roger Pritt			.c. <u>***</u>		Phone:		3-5950	v 113			
					1 110110.			X 110			_
Other Contractor:						M/\/ O==4	4	:_ 4.			
Name:						WV Cont	ractor L	IC. #: _			
Address: City:		Sta	te.		Zip:		-				
Contact:		Ota			Phone:						
					1 110110.				-		_
Building Inspection:											
Inspection Date: Asbestos Inspection By:	Pr	_ esumed by Owner			WV License	e #·					
Lab:		counica by owner	<u> </u>		Analysis By						
Procedure Used to Detect	Presence	e of Asbestos:									
Is Asbestos Present at 1%	or Great		□ NO								
Project Designer:		Donald Morris			WV License	e#:	AD00)4041			
Air Monitor:	Triad	Environmental			WV License	e #:	See At	tache	d		
Schedule:											
Asbestos Removal:	Start	7/9/2018	Comp	letion:	7/18/2018	_					
Demo/Renovation:	Start		Comp	letion:		_					
Abatement Work Hours:	7:A	M - 5:30 PM	Work	Days:	M TUW T	H SA	SU				
Demo Work Hours:			Work	Days:	M TU W T	H F SA	SU				

	N/A and how this results in an unsafe condition, would cause equipment
damage or an unreasonable financial burden.	
Demolition Ordered by Government Agency:	
Agency: N/A	
Name:	Title:
Date of Order:	Date Order to Begin:
(Copy of order must be attached.)	
Types of ACM:	
Asbestos Containing Material To Be Removed:	Cat. I & II Non-friable ACM NOT To Be Removed:
Type(s): Floor Tile/Mastic	Type(s):
Pipes (Ln. Ft.): % Asbestos:	Pipes (Ln. Ft.): % Asbestos:
Area (Sq. Ft.): 2,160 % Asbestos: >1%	Area (Sq. Ft.): % Asbestos:
Other (Cu. Ft.): % Asbestos:	Other (Cu. Ft.): % Asbestos:
Description of Planned Demolition or Renovation Work ar	nd Method(s) to be used:
OSHA Class II procedures including critical barriers, I	barricade tape and wet methods.
Description of Procedures to be used to Comply with NES Wet removal techniques, double bag ACM in pre-labe	
Dispose of ACM at an EPA approved asbestos landfill	
Description of procedures to be followed in the event that	unexpected asbestos is found or previously nonfriable ACM becomes
crumbled, pulverized or reduced to powder:	
Stop all activities, Notify the Owner, and establish pro	pper removal methods.
Waste Transporter:	
Name: Dependable Roll-off	
Address: PO Box 1343	And
City: Ashland Sta	te: KY Zip: 41105
Contact: Linda Strickland	Phone: 800 649 0982
Waste Disposal Site:	1D #- 045 00040
Name: Green Valley Environmental	ID #:
Address: 100 Addington Road	10/ 7' 44400
City: Ashland Sta	· · · · · · · · · · · · · · · · · · ·
Contact: Patty	Phone: 606-928-0239
·	FR61, Subpart M will be on site during the demolition or renovation lished by the person will be available for inspection during normal ained in the notification is correct.
Signature of Owner/Operator: Rogn 1	Patt (CW) Date: 7/19/2018
Name and Title (Print or Type):	oger Pritt/ President





NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date:

			,	OFFICE U	SE ONLY esticides & Asbestos Programs
Date: 7/19/2018		I	ate Rec'd:		Check (\$LC62) EPA Region III
O D N.	40.055	1	ostmark Date:		Paid By:
Operator Project No:	18-255		otification No:		Amount: \$
Type of Notification:	Je	₹-1			
Original	✓ k	evision (Highlight Chan	iges)		Cancellation
Type of Operation: Demolition	on [Ordered Demolition	on 🗸	Renovation	☐ Emergency Renovation
Facility Owner:					
Name: University of C	Charleston				
Address: 2300 MaCorkle	e Avenue,SE		1,1		
City: Charleston		State:	WV	Zip: <u>25</u>	
Contact: Gary Boyd				Phone:	304-357-4704
Facility Description:					
Name: Residential St	ructure				
Address: 2122 Kanwha	Avenue			narleston	
County: Kanawha				Within Facility:	
Building Size (Sq. Ft.):					Age: 95+
Present Use: Re	esidence		Prior use	: R	lesidence
Asbestos Contractor:				•	
Name: Astar Abateme				_ Asbestos Co	ontractor Lic. #: AC002602
Address: PO Box 13533					
City: Sissonville		State:	<u>wv</u> .	Zip: <u>25</u>	
Contact: Roger Pritt				Phone:	304-343-5950 x 113
Other Contractor:					
Name:				v	VV Contractor Lic. #:
Address:				<u> </u>	
City:			·	Zip:	
Contact:				Phone:	
Building Inspection:					
Inspection Date:	6/28/2018				
Asbestos Inspection By:		ckie Slate Jr.		WV License	the state of the s
Lab:		urofins		_ Analysis By:	Gary Swanson
Procedure Used to Detec			PLM NO		
Is Asbestos Present at 19 Project Designer:		✓ YES ☐ onald Morris	NO	WV License	#: AD004041
Air Monitor:		vironmental		WV License	
	THAU LII	VIIOIIIIeiitai		VV V LICETISE	T. Oce Attached
Schedule:	6	0.10.10.0.4.0	O-may 1-41-	0/0/0040	
Asbestos Removal:	Start: _	8/6/2018	Completion:	8/8/2018	-
Demo/Renovation:	Start:	5.20 DM	Completion:	M TU W TH	
Abatement Work Hours:	7:AM	- 5:30 PM	Work Days:		H F SA SU
Demo Work Hours:			Work Days:		H F SA SU

Emergency Renovation:	
Date & Hour of Sudden Unexpected Event:	N/A
	and how this results in an unsafe condition, would cause equipme
damage or an unreasonable financial burden.	
Demolition Ordered by Government Agency:	
Agency: N/A	
Name:	Title:
Date of Order:	Date Order to Begin:
(Copy of order must be attached.)	
Types of ACM:	
Asbestos Containing Material To Be Removed:	Cat. I & II Non-friable ACM NOT To Be Removed:
Type(s): Ceiling Plaster/Linoleum/Fiberboard	Type(s):
Pipes (Ln. Ft.): % Asbestos:	Pipes (Ln. Ft.): % Asbestos:
Area (Sq. Ft.): 485 % Asbestos: 2-70%	Area (Sq. Ft.): % Asbestos:
, , , , , , , , , , , , , , , , , , , ,	Other (Cu. Ft.): % Asbestos:
Other (Cu. Ft.): % Asbestos:	Other (Cu. Ft.). 76 Aspestos.
Description of Planned Demolition or Renovation Work and	od Method(s) to he used:
Description of Flamled Demonstration of Neriovation Work and	id Method(s) to be ased.
OSHA Class II procedures including critical barriers, b	parricade tane and wet methods
Contra class in procedures inclauming critical particle, p	Tarroad tapo and trot monodo.
Description of Procedures to be used to Comply with NESI	SHAP (40CFR61 Subpart M):
Wet removal techniques, double bag ACM in pre-labele	
Dispose of ACM at an EPA approved asbestos landfill	
Dispose of Acivi at all EFA approved aspestos failum	A STATE OF THE STA
Description of procedures to be followed in the event that u	unexpected asbestos is found or previously nonfriable ACM become
crumbled, pulverized or reduced to powder:	unexpected aspestos is found of previously nonlinable ACM become
· · · · · · · · · · · · · · · · · · ·	nor removal methods
Stop all activities, Notify the Owner, and establish prop	per removal methods.
Waste Transporter:	
Name: Dependable Roll-off	
Address: PO Box 1343	
City: Ashland State	te: KY Zip: 41105
Contact: Linda Strickland	Phone: 800 649 0982
Waste Disposal Site:	
Name: Green Valley Environmental	ID #: 045-00012
Address: 100 Addington Road	10 #
	te: KY Zip: 41102
Contact: Patty	Phone: 606-928-0239
Certification:	
I certify that an individual trained in the provisions of 40CFF	R61, Subpart M will be on site during the demolition or renovation
and evidence that the required training has been accomplis	ished by the person will be available for inspection during normal
business hours. I further certify that the information contain	ined in the notification is correct.
•	
A) D	
Signature of Owner/Operator:	Mi/4_1/ (CW) Date: 7/19/2018
	(/ () () () () ()
Name and Title (Print or Type): Rog	ger Pritt/ President
reamo and the (thin of Type).	ger i niu r resident

ASTAR
PO Box 13533
Sissondillo WII 25260



US Environmental Protection Agency Region III Attn: Asbestos Coordinator (3WC32) 1650 Arch Street Philadelphia, PA 19103-2029

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